

Umbilical warts: a new entity?

The two cases reported by Nathan¹ are not a new entity. Anwyl-Davies² described a 19 year old woman who presented with a three week history of vaginal and umbilical discharge. Microscopy revealed the presence of gonococci in both sites. During the following two months a pedunculated tumour developed at the umbilicus and rapidly enlarged. It looked "like a raspberry", and "exactly resembled a vulval wart". Similar lesions developed on the vulva and perineum.

The umbilical tumour failed to respond to topical treatment, and it was excised; healing was rapid. Although histopathology was not performed, it seems likely that this patient had vulval, perineal and umbilical condylomata acuminata.

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1 Nathan M. Umbilical warts: a new entity?
Genitourin Med 1994;70:49-50.

2 Anwyl-Davies T. Gonococcal papilloma at the umbilicus. *BMJ* 1919;1:377-8.

BOOK REVIEW

HIV, AIDS, and the Brain. Edited by Richard W Price and Samuel W Perry. (Pp 352, US\$125, hardback.) New York, Raven Press. 1993. ISBN 0-7817-0063-9.

Although there has been considerable research into the central nervous system manifestations of HIV infection, the exact cause of the dementia and myelopathy remains obscure. There is therefore a need for ongoing dialogue between clinicians and scientists to discuss future directions for research. This volume represents the published proceedings of the December 1992 meeting of the Association for Research in Nervous and Mental Disease (ARNMD). The meeting had the brief of reviewing the current knowledge regarding human immunodeficiency virus (HIV)-associated

CNS disorders and also to point towards future directions for research.

Since the first description of dementia in HIV infected patients (including seminal studies by Dr Price) there has been an intriguing discrepancy between the presence of cognitive impairment and the presence and severity of HIV-related neuropathological changes, such as HIV encephalitis or leukoencephalopathy. Some of the discrepancy is perhaps explained by the recent finding of neuronal loss without evidence of direct neuronal infection. This neuronal loss is presumably mediated through one or more neurotoxins, for which there are several candidates, including viral GP120 and cytokines produced by the association of infected macrophages and neighbouring astrocytes. This book considers these and other basic science issues including HIV-associated neuropathological changes, HIV neurotropism, HIV-glial cell interactions, HIV and cytokine expression, HIV and NMDA receptor-mediated neurotoxicity, and the relationship between central and peripheral manifestations of HIV-associated neurological disorders. The clinical chapters include comprehensive reviews of psychiatric aspects of HIV infection, epidemiology and risk factors for HIV-associated dementia complex, neuropsychological assessment (including CNS monitoring in anti-retroviral drug trials), and encephalopathy of childhood.

The debate about pathogenesis is far from sterile and highlights the therapeutic avenues that will be pursued in the next decade. As patients with AIDS are better protected by prophylaxis against opportunistic infections and by antiviral drugs they will be increasingly exposed to the later complications of AIDS of which dementia is the most feared.

This book should not be seen as a manual of neurological manifestations of HIV infection but as an extremely valuable focused review of the scientific background to the principle neuropsychiatric complications. Perhaps its most useful chapters are those which bookend the volume: the first by Dr Price and the last by Dr R T Johnson. These chapters attempt to synthesise the current knowledge regarding HIV and to consider its place in our current understanding of neurovirology and neuroimmunology.

This volume will be of interest to clinicians and scientists working on neurological and psychiatric aspects of HIV infection. It

re-emphasises the fascination and productivity of the combined approach of both disciplines.

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NOTICE

The UK Family Planning Association is beginning a research project to explore the development of recent family planning and reproductive health initiatives within the UK. We particularly wish to gather information from people currently or recently associated with clinical facilities which combine access to family planning information and services with genitourinary medicine and sexual health provision. In the first instance we wish to invite health and social welfare professionals with experience of planning, developing, managing or working in combined clinic services to contact:

Joan Walsh, Health Policy and Research Officer, Family Planning Association, 27-35 Mortimer Street, London W1N 7RJ, UK. Telephone: 071 636 7866.

Correction

Higgins *et al*: Breast abscess due to *Pseudomonas aeruginosa* in an HIV antibody positive man (*Genitourin Med* 1994;70: 147-8). The name of the last author was incorrectly spelled and should have been Dr Penny Chandiok.